



A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE OF STAFF NURSES REGARDING IMMUNIZATION SCHEDULE-I IN SELECTED UNITS BOMBAY HOSPITAL, INDORE (M.P)

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ABSTRACT

A descriptive study was conducted to assess the knowledge of staff nurses regarding immunization schedule-I in selected units of Bombay Hospital, Indore, M.P. Study objectives are to assess the knowledge of staff nurses regarding immunization schedule-I in hospital settings and find out the association between socio-demographic variables and knowledge score of staff nurses. A non-experimental descriptive research design was used. Research was done on 30 staff nurses from selected units of Bombay hospital, Indore by using non probability convenient sampling technique, which allowed the research to select the participants who are willing to participate and present during the period of data collection. A structure questionnaire was used to collect demographic data and knowledge regarding immunization schedule-I. Data were analyzed by using descriptive and inferential statistics. Mean knowledge score of staff nurses regarding immunization schedule-I was 22.66% and median value was 23 and standard deviation is 3.30%. This value revealed that staff nurses are having good knowledge regarding immunization schedule-I. The chi-square value of age is 0.331, educational qualification is 0.156, designation is 0, area of exposure is 2.49, and working hours is 2.06 years of experience 1.62 and its significant at $p < 0.05$ level. After detailed analysis and experience of the investigator concluded that majority of the staff nurses had good knowledge on immunization schedule-I and no association of knowledge scores of staff nurses and with socio-demographic variables.

KEY WORDS: Assess, Knowledge, Staff Nurses, Immunization Schedule – I, Units, Hospital.

INTRODUCTION:

Child of today is the citizen of tomorrow who forms strongest pillar of a nation. Hence it is quite logical to consider that every child born is a potential asset to the community. This concept has led to the organization and implementation of various programmes to protect and promote the health of an individual from womb to tomb.

Children are the world's most valuable assets and their wellbeing indicates the standard of living of the country. They constitute one third of the total population. It has been noticed that almost one die out of every five born infants die before reach in 5 years of age. In that, there may be 12 babies dying before the age of 2 years and 6 others before their 5th birthday age due to the reasons of Neonatal tetanus, congenital abnormality, Drowning, Birth asphyxia, Birth injury, Measles, Diarrhea, and Malnutrition. One of the health goal is to immunize all children against the big six killer infectious diseases of childhood namely tuberculosis, polio, diphtheria, pertussis, tetanus and measles.

Immunization can significantly contribute to achieve the millennium development goal-4 (MDG-4), which aims to reduce under five mortality by two thirds by 2015. Immunization is a cornerstone of preventive medicine. One of the most effective means of preventing diseases, disabilities and death from infectious diseases is immunization. Immunizing children against infectious disease is an essential aspect to build a healthy future generation. Immunization is a highly cost effective way of improving child survival in developing countries.

Immunization can be achieved in an active or passive fashion: vaccination is an active form of immunization. Active immunization entails the introduction of a foreign molecule into the body, which causes the body itself to generate immunity against the target. Active immunization can occur naturally when a person comes in contact with, for example, a microbe. If the person has not yet come into contact with the microbe and has no pre-made antibodies for defense (like in passive immunization), the person becomes immunized. The immune system will eventually create antibodies and other defenses against the microbe. The next time, the immune response against this microbe can be very efficient; this is the case in many of the childhood infections that a person only contracts once, but then is immune.

The World health organization (WHO) launched expanded programme on immunization (EPI) in May 1974. Expanded programme on immunization (EPI) in India was launched in January 1978. The success of eradication of smallpox backed by the World health organization (WHO) made the Government and other associated bodies take notice about the importance of immunizations and hence in the Fifth five year plans (1975-80), it introduced immunizations as a priority under MCH services. The Sixth five year plans (1980-85) strengthened the immunization cause by planning to get down the Infant Mortality Rate (IMR) from.

In the meanwhile, a declaration sponsored by the United Nations international children emergency fund (UNICEF) as part of the united nation's 40th anniversary in October 1985, launched a programme called universal child immunization, which aimed to add impetus to the global programme of extended

programme on immunization (EPI). The objective of the programme was to vaccinate at least 85% of all infants of the age of one year. In subsequent years, the goal of Universal Immunization Schedule (UIP) was raised to ensure 100% coverage of all eligible children. There has been tremendous decline of infectious diseases during 20th century because of the implementation of various immunization programmes. Recently global framework for immunization monitoring and surveillance has been developed which is working towards the promotion of universal immunization (Bharatesh Devendra Basti & Mahesh v 2013)13. Universal Immunization programme perform quite well in the first decade of its introduction in India between 1985-1995 the coverage level for various vaccines reached 70-85% and the incidence of vaccines preventable diseases (VPD) declined in the country. VPD are still responsible for about 25% of 10 million death occurring annually among children under 5 yrs of age.

Immunization is cost effective and can reduce the mortality rate. Still there are many factors which stand in the way of successful implementation and utilization of immunization such as age, education, illness, family type, awareness of disease and its consequences. Still a high proportional of total mortality and morbidity in pediatric group as high as 40 deaths per 100 live births in the country are among the children below 5 yrs of age. Above 21% of child deaths are attributed to vaccine preventable disease like TB, Diphtheria, Pertussis, Tetanus, Measles, Poliomyelitis etc.

The goal of immunizing children against chief diseases, responsible for child mortality and morbidity rate. However it is not an easy task to achieve. Immunization is one of the needs of the children. It is one of the public health interventions to reduce childhood mortality due to vaccine preventable disease.

OBJECTIVES:

1. To assess the knowledge of staff nurses regarding immunization schedule – I
2. To find out the association of knowledge score of staff nurses regarding immunization schedule – I with their selected socio-demographic variables.

RESEARCH HYPOTHESIS:

H₁: There will be significant association of knowledge score of staff nurses with their selected socio– demographic variables at $p < 0.05$.

METHODOLOGY:

In this present study descriptive survey approach was used, because the present study was aimed to assess the knowledge of staff nurses regarding immunization schedule-I in selected units of Bombay Hospital, Indore, M.P. A non-experimental descriptive research design was used. Research was done on 30 staff nurses from selected units of Bombay hospital, Indore by using non probability convenient sampling technique, which allowed the research to select the participants who are willing to participate and present during the period of data collection. A structure questionnaire was used to collect demographic data and knowledge regarding immunization schedule-I. Data were analyzed by using descriptive and inferential statistics. Permission was taken to conduct the research study from ethical committee of Bombay Hospital College of Nursing, Indore and also administrative permission was procured formally from the Medi-

cal Superintendent or Nursing Superintendent for conducting the study in the different selected units of Bombay Hospital, Indore and individual permissions were procured from the participants in the different units of Bombay Hospital, Indore before conducting the study.

RESULTS:

Table 1

Frequency and percentage of socio-demographic variables of staff nurses

(N=30)

Sl. No.	Demographic variables	Frequency (N)	Percentage (%)
1	Age in years		
	a) 21-30	29	96.66%
	b) 31-40	1	3.33%
	c) 41-50	0	0%
	d) 51-60	0	0%
2	Educational qualification		
	a) GNM	8	26.66%
	b) Post basic	0	0%
	c) B.SC	22	73.33%
	d) M.SC	0	0%
3	Designation or position		
	a) Staff nurse	30	100%
	b) In charge	0	0%
4	Area of exposure		
	a) General Ward	13	43.33%
	b) O.T	3	10%
	c) ICU	14	46.66%
	d) ICCU	0	0%
	e) Casualty	0	0%
5	Working hours		
	a) 6-8 hrs	0	0%
	b) 8-10 hrs	13	43.33%
	c) 10-12 hrs	3	10%
	d) 12-14 hrs	14	46.66%
6	Years of Experience		
	a) <1 Years	17	56.66%
	b) 1-3 Years	13	43.33%
	c) >3 Years	0	0%

The above table-1 depicts frequency and percentage distribution of socio-demographic variables of staff nurses according to age in years, educational qualification, designation or position, area of exposure, working hours and years of experience.

Age wise 96.6% nurses were from the age group of 21-30 yrs and 3.33% nurses from the age group of 31-40 yrs, regarding their educational qualification 26.6% of nurses were GNM and 73.33% nurses were B.Sc Nursing, 43.33% of nurses were working in general ward and 10% working in OT and 46% were working in ICU. Based on working hrs 43.33% of nurses had 8-10 hrs 10% of nurses had 10-12 hrs, 46.66% nurses had 12-14 hrs duty and regarding experience 56.66% were fresher's and 43.33% were having experience of 2 yrs.

Table 2

Knowledge Score of Staff Nurses Regarding Immunization Schedule - I

Sl. No.	Knowledge score	Grade	Frequency	Percentage	Mean Score	Median	Standard Deviation 2 $SD = \sqrt{\frac{\sum (X-X)^2}{n}}$
1	0-10	Very poor	0	0	22.66 %	23	3.301
2	11-20	Average	8	26.6 %			
3	21-30	Good	22	73.3 %			

Table -2: Mean knowledge score of staff nurses regarding immunization schedule-I was 22.66% and median value was 23 and standard deviation is 3.30%. This value revealed that staff nurses are having good knowledge regarding immunization schedule-I

Association between Knowledge Score and Selected Socio-Demographic Variables:

The chi-square value of age is 0.331, educational qualification is 0.156, designation is 0, area of exposure is 2.49, and working hours is 2.06 years of experience

1.62 and its significant at $p < 0.05$ level.

CONCLUSION:

The main aim of the study was to assess the knowledge among staff nurses of selected units of Bombay Hospital on immunization schedule-I. After detailed analysis and experience of the investigator majority of the staff nurses in selected units of Bombay Hospital Indore have good knowledge on immunization schedule – I. Mean score of knowledge among them were 22.66%.

IMPLICATIONS:

The study findings reveal that the study helps to identify knowledge level on immunization schedule 1 among staff nurses working in Bombay Hospital Indore. The study had revealed certain implications in, nursing administration and nursing research.

Nursing administration:

- Nursing administrator should take an initiative in providing continuous education to the staff nurses working in their hospital.
- Health administrator should assign the staff nurses to conduct plan to teaching programme in hospital.

Nursing research:

- There is a need for extended and intensive research in the areas of critical care.
- Extensive research is needed in the area to assess the knowledge of immunization schedule 1. So that other complication can be prevented

Community practice:

- Awareness can be given to the parents and about the importance of immunization schedule

LIMITATIONS:

- The limitations in the presented study were the study was conducted on the small sample, which restricted the generalizability of the study.
- The follow up feedback was not measured the study.
- Structured knowledge questionnaire was used for the data collection which resisted the amount of information that could be obtained from the staff nurses.
- The study did not measure the practice of immunization schedule-1 in staff nurses.

RECOMMENDATIONS:

From the findings of the study the following recommendations are suggested.

- A similar study can be replicated on a large sample.
- An experimental study could be undertaken with a controlled group

A study can be done to assess the practice of staff nurses working in different hospital settings.

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REFERENCES:

1. Basavanhappa B.T.Community Health nursing: 1st edition. Newdelhi: Jaypee Brothers Medical Publishers; 2007.
2. Clement.I.The text book of pediatric nursing. 1st edition.APJ publications. Delhi, 2008.
3. Ghai.O.P.Text book of pediatrics: 7th edition. New Delhi: CBS publications; 2010.
4. G.M.Dhar, I Robbani. Foundations of community medicine: 1st edition. Elsevier publications; 2006.P.no:969-978.
5. Marcia Stanhope, Jeanette Lancaster. Public health nursing, population centered health care in the community: 8th edition. U.S.A: Elsevier publications; 2012.P.no:652-654.
6. Mary A. Nies, Melanie. Community /public health nursing, promoting the health of population: 4th edition. Canada: Elsevier publications; 2001.P.no:503-511.
7. Mary Jo Clark. Community health nursing: 4th edition. New Jersey: 2003.P.no:669-679.
8. Park.J.E. Text book of preventive and social medicine: 3rd edition. Jabalpur: Banarsidas Bhanot publishers; 2013.p.no:114,348.
9. Anne Nikula, Majia Hupli. Vaccination competence, Journal of public health nursing .2009; 26(2): 173-182.
10. Bhakta R Giri. Mumps measles rubella immunization campaign, Bhutan experience. Indian journal of community medicine.2012; 36. (2):108-113.
11. Bharatesh Devendra, Basti, Mahesh V.Study on awareness of immunization among the mothers in the rural field practice area of Kim's, Hubli. Journal of rural medicine.2013; 1 (5): 288-290.
12. <http://www.immunization coverage.org>
13. <http://www.immunize.org/catg>.
14. En.wikipedia.org
15. <http://www.pediatrics.org/cgi/content/full/101/5/e5>
16. <http://www.pediatrics.org/cgi/content/full/105/6/e73>
17. <http://www.bccdc.ca/util/contact/default.htm>
18. <http://www.phac-aspc.gc.ca/php-ppsp/pdf/toolkit/Appendix%20D%201-3.pdf>
19. <http://www.cdc.gov/MMDr/Preview/mmwrhtml/rr5102al.htm>
20. <http://www.Indian pediatrics. Net/mar>